



MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Facility Inspection

County MadisonDate 01.29.2021Facility Name Little Dreamers Child Care Ctr License Number 45 CD PFA-3460Purpose Renewal Inspection Technical Capacity 96

## All Items In Red Are Critical

	In	Out	COS	N/A
Qualified director present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper staff to child ratio present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room and playground capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Center capacity met	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License/complaint visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certified food manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sanitation Approved

	In	Out	COS	N/A
Garbage and garbage bins maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vector control maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste water system approved and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food service approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Possible Monetary Penalty

	Monetary Penalty
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

	Age/Child/Staff Name
1.	4.2yrs   9   Caregiver #1
2.	0.2yrs   10   Caregiver #2
3.	3yrs   9   Caregiver #3
4.	1yrs   4   Caregiver #4
5.	Infants   7   Caregiver #5, #6
6.	
7.	

## Other Items - Must be corrected

	In	Out	COS	N/A
Children's belongings separated/stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menus posted and served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan of activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Building and Grounds

	In	Out	COS	N/A
Walls, ceilings, floors, toys, equipment clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating/cooling approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass approved and shielded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone on premises, available, and functioning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical outlets protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large appliances located properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks and toilets working properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot water at all sinks, not to exceed 120°	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children barred from kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vending machine snacks meet nutritional guidelines, if present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exits, doors and fastening devices single action approved and in good working order	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exits unobstructed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required smoke detectors, carbon monoxide monitors, fire extinguishers and thermometers placed properly and in good working order (TA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First aid kits stocked and easily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground area clean, shaded, well drained and equipped and fence in good repair (TA - will be cleaned this weekend, per direction)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground equipment meets standards (TA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area clean, fenced, and adequately maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaper changing stations adequate in number and each fully supplied (number <u>3</u> )	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Center Director/Individual

Jane L. Livi

Child Care Representative

YB ng CCFI

White Copy - Facility File

Yellow Copy - Facility Operator

Mississippi State Department of Health

12-10-08

Form No. 281





MISSISSIPPI STATE DEPARTMENT OF HEALTH

## Child Care Encounter

District 5Date 01.29.2021

Name Little Dreamers Child Care Center License No. 45 CDPFA-3460  
 Address 106 Pine Knoll Drive Ridgeland, MS 39157  
Center/Organization/Individual  
 Purpose Renewal Inspection / Technical Asst. Director Jackie Smith  
 Mileage Start \_\_\_\_\_ Mileage End \_\_\_\_\_  
 County Madison Telephone No. 601-957-7000  
 Time In 9:45am Time Out 11:45am Total Time \_\_\_\_\_

Findings/Comments The purpose of the site visit is to complete a renewal inspection. Upon arrival, MSDH licensing official met with Jackie Smith, Facility Owner/Director. The purpose of the visit was acknowledged and the following observations were made:

- No critical violations were observed regarding the facility building and grounds.
- No critical violations were observed regarding the facility Kitchen/meal prep area.
- Staff records: All staff ~~records~~ records observed were in compliance with the MSDH regulatory guidelines.
- Child records: The facility will have 14 days to provide verification of the requested child Form 121 (See Form 289) Due by 02/13/2021.
- Technical assistance was provided to Owner/Director #1
- The MSDH LO observed the facility month fire disaster drill during the site visit. The drill was conducted in an orderly fashion, the staff and children observed were in the pre-designated area. Good job! to Ms. Smith and the staff.

Class I and II violations may result in a monetary penalty. Repeated violations may result in the doubling of a monetary penalty, suspension, or revocation of the license.

Jackie Smith  
 Center Director/Designee/Individual

YB CCF II  
 Child Care Representative

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 Yellow Copy - Operator





MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review

Facility Name Little Dreamers Child Care Center #3460 License No. 3460 Date 01/29/2021

	Yes	No	N/A	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies and procedures (Parent's Handbook) {Rule 1.4.1}
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Accident/Liability Insurance or documentation that parent has been notified that no insurance is in effect {Rule 1.4.1 (i) & (j)}
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved arrival and departure procedures {Rule 1.4.1 (2)}
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter of suitability for staff {Rule 1.5.2 & Rule 1.6.4 (1) (f)}
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attendance records for children and staff {Rule 1.6.3 (1)}
6.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current alphabetical roster of children (includes date of birth) {Rule 1.6.3 (2)}
7.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current staff roster (includes date of birth & date of hire) {Rule 1.6.3 (3)}
8.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Monthly records of fire/disaster drills {Rule 1.6.3 (5)} (observed 01/29/2021)
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medication record with date, time, signature for 90 days {Rule 1.6.3 (6)}
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Immunization Records for Children and Staff {Rule 1.6.3 (8)} (1 child - TA)
11.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Personnel records (attach employee's records form) {Rule 1.6.4}
12.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Volunteer records {Rule 1.6.5 & Rule 1.6.6}
13.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Children records (attach children's records form) {Rule 1.6.7}
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reports of serious occurrences made as required {Rule 1.7.1}
15.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicable diseases reported as required {Rule 1.7.3}
16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily written reports provided to parents for infants and toddlers {Rule 1.7.4}
17.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff present who hold valid CPR and First Aid Certification {Rule 1.8.1 (4) & (5)}
18.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate program of activities posted in each room {Subchapter 9}
19.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in infant room {Rule 1.10.1 (2)}
20.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present in toddler room {Rule 1.10.1 (3)}
21.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required toys present preschool room {Rule 1.10.1 (4)}
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Licensed pest control contractor {Rule 1.11.14}
23.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pets present (proof of immunization as required, signed by veterinarian) {Rule 1.12.6}
24.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate discipline policy followed {Subchapter 14}
25.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate transportation policy followed {Subchapter 15}
26.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infant feeding schedules posted (Appendix C, VII)

**Comments/Recommendations** All request documentation must be provided by 02.13.2021. A MSDH Request for Documentation will be sent to the provider by email.

- 1 child is valid Form 121 (See Form 289)

- remaining staff contact hours

☒ Pass - Pending

License to be issued: ☐ Regular ☐ Probational ☐ Restricted

☐ Fail

☐ Follow-up within \_\_\_\_\_ days

☐ Director ☐ Designee

[Signature] [Signature]  
Child Care Representative





## Food Establishment Inspection Report

Establishment <i>The Downtown Club Cafe</i>		Time in <i>1:30 PM</i>	
Address <i>101 Pine Hill Drive</i>	City/State <i>Hedgecroft, MS</i>	Zip <i>39151</i>	Telephone <i>662-451-7100</i>
License/Permit# <i>4500 FFA - 3460</i>		Permit Holder <i>Jacobi Smith</i>	Risk Level <i>C</i>

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
IN = in compliance OUT = not in compliance N/O = not observed N/A = not applicableMark "X" in appropriate box for COS and R  
COS = corrected on-site during inspection R = repeat violation

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

**Risk Factors** are food preparation practices and employee behaviors most commonly reported to the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks.

**Public health interventions** are control measures to prevent foodborne illness or injury.

Compliance Status		COS	R
<b>Supervision</b>			
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties	
2	IN OUT N/A	Manager certification	
<b>Employee Health</b>			
3	IN OUT	Management awareness; policy present	
4	IN OUT	Proper use of reporting, restriction & exclusion	
<b>Good Hygienic Practices</b>			
5	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use	
6	IN OUT N/O	No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>			
7	IN OUT N/O	Hands clean and properly washed	
8	IN OUT N/A N/O	No bare hand contact with ready-to-eat foods	
9	IN OUT	Adequate handwashing facilities supplied & accessible	
<b>Approved Source</b>			
10	IN OUT	Food obtained from approved source	
11	IN OUT N/A N/O	Food received at proper temperature	
12	IN OUT	Food in good condition, safe, and unadulterated	
13	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction	
<b>Protection from Contamination</b>			
14	IN OUT N/A	Food separated and protected	
15	IN OUT N/A	Food - contact surfaces: cleaned & sanitized	
16	IN OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food	
<b>Potentially Hazardous Food (TCS food)</b>			
17	IN OUT N/A N/O	Proper cooking time and temperatures	
18	IN OUT N/A N/O	Proper reheating procedures for hot holding	
19	IN OUT N/A N/O	Proper cooling time and temperature	
20	IN OUT N/A N/O	Proper hot holding temperatures	
21	IN OUT N/A	Proper cold holding temperatures	
22	IN OUT N/A N/O	Proper date marking and disposition	
23	IN OUT N/A N/O	Time as a public health control: procedure & records	

Compliance Status		COS	R
<b>Consumer Advisory</b>			
24	IN OUT N/A	Consumer advisory provided for raw or undercooked foods	
<b>Highly Susceptible Populations</b>			
25	IN OUT N/A	Pasteurized foods used; prohibited foods not offered	
<b>Chemical</b>			
26	IN OUT N/A	Food additives: approved and properly used	
27	IN OUT	Toxic substances properly identified, stored, used	
<b>Conformance with Approved Procedures</b>			
28	IN OUT N/A	Compliance with variance, specialized process, and HACCP plan	
29	IN OUT N/A	Risk control plan as required	
<b>Other Critical Factors</b>			
Preventative measures to control the introduction of pathogens, chemicals and physical objects into foods.			
30	IN OUT	Water and ice from approved source	
31	IN OUT	Insects, rodents, and animals not present	
32	IN OUT N/A	Hot and cold water available; adequate pressure	
33	IN OUT N/A	Plumbing installed; proper backflow devices	
34	IN OUT N/A	Sewage and waste water properly disposed	
35	IN OUT	Toilet facilities: properly constructed, supplied	
36	IN OUT N/A	Permit/Last inspection posted	

Date
Person in Charge (Signature) <i>Jacobi Smith</i>
Inspector (Signature) <i>[Signature]</i> CCF III

Letter grade "A" rec'd



# Food Service Facility Inspection Results

PIMS ID	Facility Name, Address Little Dreamers Child Care Center 106 Pine Knoll Dr. Ridgeland, MS 39157	Date 01.29.2021
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## CRITICAL VIOLATIONS

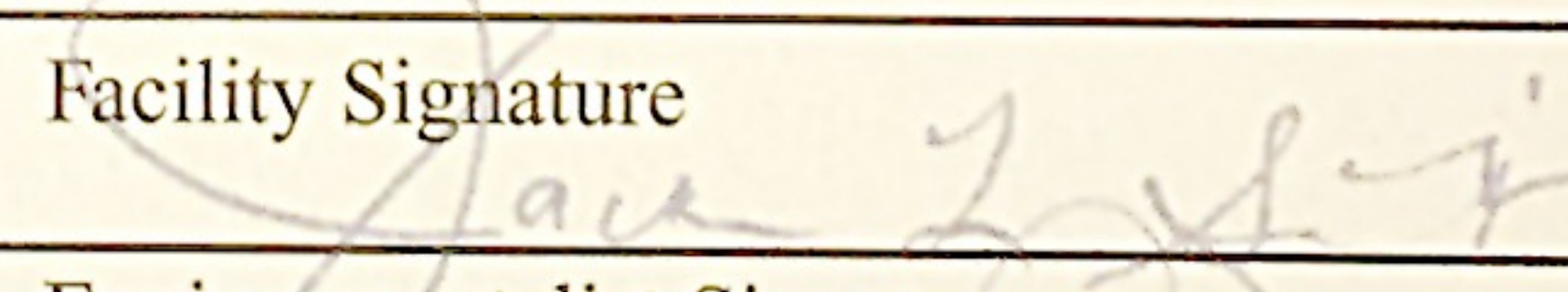
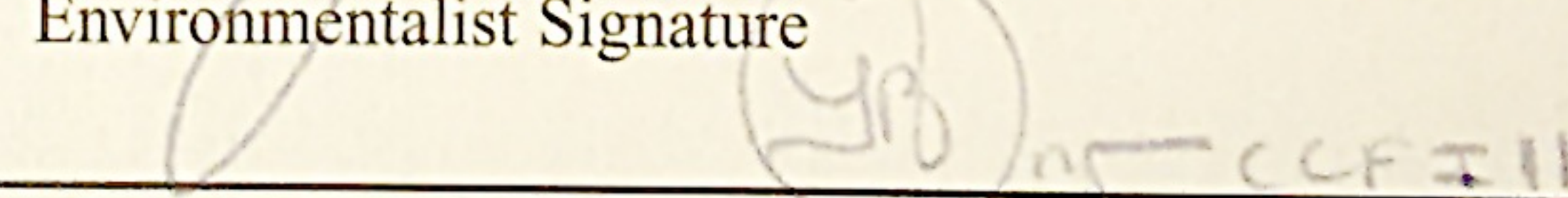
## CORRECTION PLAN AND SCHEDULE

<p>- No critical violations were observed during the site inspection.</p> <p>- Letter grade "A" rec'd</p>	
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<input type="checkbox"/> 92020 Scheduled <input type="checkbox"/> 92030 Followup <input type="checkbox"/> 92040 Complaint <input type="checkbox"/> 92050 Consultation <input type="checkbox"/> 92070 Plan Review/Const. <input type="checkbox"/> 92080 No Inspection <input type="checkbox"/> 92090 Restaurant Training	<input type="checkbox"/> 92010 Permit No Charge <input type="checkbox"/> 92015 Permit 1 \$30.00 <input type="checkbox"/> 92011 Permit 2 \$100.00 <input type="checkbox"/> 92012 Permit 3 \$150.00 <input type="checkbox"/> 92013 Permit 4 \$200.00
Permit Date	Environmental Code TB, D5
Please Remit within 10 days to:	

Jackie Smith  
Certified Manager

Tummy Safe  
Licence Number  
Exp. 03/07/2024

Facility Signature 
Environmental Signature 

White Copy - Facility  
Yellow Copy - PIMS  
Pink Copy - Environmentalist



*James L. Smith*  
 218m-CEI11



MISSISSIPPI STATE DEPARTMENT OF HEALTH

# Child Care Program Review - Employee Records & Children's Records

Facility Little Dreamers License No. #3460 Total Children      Total Personnel      Date     

Child Care Center																	
Employee's Name and Position																	Comments
		New Director's Orientation	Regulations	Playground Safety	Application for Employment	First Aid	CPR	Tummy Safe/Food Manager	Qualifications	15 Contact Hours	Date of Employment (Start Date)	Form No. 121	Suitability Letter	New Employee Orientation			
Jackie Smith, Owner/Director		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	* CE-First - 8/26/2019 (2 yrs)	
Jeanette Amos		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	* CE-First - 8/26/2019 (2 yrs)	
Kwanda Hudson		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	* CE-First - 8/26/2019 (2 yrs)	
Bernie Whitaker		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	* CE-First - 8/26/2019 (2 yrs)	
Bobbie Jones (New Hire 10/15/2020)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	* CE-First - 8/26/2019 (2 yrs)	

Please provide verification of a valid Form 121 for:

- Dylan Islem Exp. 01/16/2021

Please provide verification of a valid Form 121 for:																
- Dylan Islam Exp. 01/16/2021																
Child's Name																Comments
	Date of Birth	Home Address	Home Telephone Number	Parent's Name	Business Telephone Number	Date of Acceptance	Liability Insurance	Special Needs Notice	Pick Up and Drop Off Info.	Photography Authorization	Field Trip Authorization	Emergency Authorization	Record of Accidents	Immunization Form No. 121	Emergency Contacts	
Marica Anderson	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	
Joe E. Davis	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	
Brazil Douglas	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	N/A	*	✓	Form 121 on file 11/21/2023
Jaylen Hughes	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	Temp Completed Form 121 Exp. 01/16/2021
Joseph Latham	✓	✓	✓	✓	✓	✓	N/A	✓	✓	✓	✓	✓	N/A	✓	✓	



Center Name Little Dreamers Child Care Center Inspection Date 01.29.2021  
# 3460

- | YES                                 | NO                       | N/A                                 |  |
|-------------------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 1. Playground fence less than 3 1/2" from surface. (Rule 1.11.9 (8), pg 48) In good repair, with no gaps? (Rule 1.11.9 (8), pg 48)                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 2. 2 entrances/exits, with one being remote from the building? (Rule 1.11.9 (8), pg 48)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 3. Is surfacing adequate? If not, where is it inadequate? (CPSC, 2.4.2, pg8)<br><u>TA- general maintenance maintenance and cleaning</u>                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 4. AC units, high-voltage cabling/wires inaccessible? (Rule 1.11.9 (5), pg 47)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 5. No standing water present on playground or in/on playground equipment or walkways? (CPSC 2.4.2.2-5, pg 10)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 6. Toys & equipment in good repair? (none broken/deteriorating) (Rule 1.10.2 (2), pg 36)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 7. Sidewalks provide smooth walking surface? (no trip hazards) (CPSC 3.6, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 8. All bolts on equipment & fence <2 threads beyond the nut? Are all bolts and fencing twists/wires facing away from the playground area? (Rule 1.11.9 (5), pg 47) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 9. Tree limbs at least 7ft. above play surfaces? Is fence free of brush/overgrowth? (CPSC 3.4, 3.5, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 10. Are use zones adequate? If not, where are they inadequate? (CPSC 5.3.9, pg 40)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. If swings are present, are S-hooks in good repair? If not, state deficiency (CPSC 3.2, pg 1)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 12. If slide is present, is exit height/exit zone adequate? If not, state deficiency (CPSC 5.3.6.4-5 pgs 34-35)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 13. Are spring rockers a minimum of 6 ft. apart? (ASTM 9.5.1.2, pg 15)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 14. Is age-appropriate equipment being used? If not, state which pieces are inappropriate (Rule 1.10.2, pg 3)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 15. Is playground area clean & free of hazards? If not, state deficiency. (Rule 1.11.11 (1), pg 4)<br><u>See #3</u>  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 16. Is adequate shade present on the playground? (CPSC 2.1.1, pg 5)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 17. Are concrete footings located at least 6" beneath the surface? (Rule 1.10.2 (2), pg 36)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | 18. Is wood smooth? Documentation provided that wood has been properly treated. (CPSC 2.5.5)   |

Director Jack 2 Licensing Official (Signature) MCF III